

## PLACE OF BIRTH

1. County of Pima  
 District of Rice  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Annie Crockett  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth 4 / 1 / 25  
 Month day year

8. FATHER  
 Full name Frank Crockett  
 9. Residence (Usual place of abode) Rice  
 If nonresident, give place and state Ariz  
 10. Color or race 4/4 Indian  
 11. Age at last birthday 44 (Years)  
 12. Birthplace (city or place) San Carlos Res.  
 (State or country) Ariz  
 13. Occupation Common Laborer  
 Nature of industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Doc Washington  
 15. Residence (Usual place of abode) Rice  
 If nonresident, give place and state Ariz  
 16. Color or race 4/4 Indian  
 17. Age at last birthday 32 (Years)  
 18. Birthplace (city or place) San Carlos Res.  
 (State or country) Ariz  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (b) Born alive but now dead 3  
 (c) Stillborn 1  
 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a.m. on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report \_\_\_\_\_

Signature

Address

Filed

19

Filed

19

Registrar.

(Physician or midwife)

Local Registrar.

County Registrar.

133-401-465